

# Psychotherapy of Functional Dermatoses

## Its Value and Limitations as Applied to Neurodermatitis

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### SUMMARY

*Etiologically, neurodermatitis is interpreted as an often manifestly hereditary diathesis which is frequently complicated and exacerbated by disturbances of the patient's emotional and psychic structure. The following traits are commonly exhibited, singly or in combination: a tendency toward excitability and an exaggerated capacity for response to stimuli, polyvalent dermal hypersensitivity, a propensity to vascular disturbances, a personality somewhat obsessional in structure and evidence of deep-seated emotional conflict.*

*Shallow psychotherapy, an indispensable adjunct to the treatment of neurodermatitis, can be successfully applied by any dermatologic physician adequately endowed with patience, sympathy and tact. This method does not achieve a cure, but, properly applied, it can immeasurably improve the patient's lot.*

IN the six years that have passed since the author discussed "Functional Factors in Common Dermatoses" before a meeting of the California Medical Association, there has been time for ideas to mature, to enlarge and to be modified. Meanwhile, thoroughgoing experimental studies on the pathologic changes underlying functional disease and psychiatric investigations of the symptom complexes associated with certain dermatoses have been carried out, and a number of leaders in the field of dermatology have come to an acceptance of a concept of psychogenic factors with regard to diseases of the skin. Yet the author often is confronted by dermatologists who, although recognizing the importance of non-somatic factors in certain cases, say that they have not succeeded in the treatment indicated.

Believing that this lack of success stems from lack of full appreciation of the multiple emotional factors which contribute to the genesis and continuance of the dermatosis in such cases, the author feels that it might be worth while to consider, as a guide, his

own interpretation of the etiological structure and views as to therapy of neurodermatitis of the dry type. This disease, although by no means the only cutaneous disorder in which functional factors play an important role, has been chosen as an example because of its prevalence and recalcitrance and because the patient who has it is likely to have a hostile attitude which poses particular difficulties for the physician.

Rational therapy must be based on well formulated etiologic concepts. In the author's opinion, the patient with neurodermatitis often has a manifestly hereditary diathesis, which no method so far discovered can rationally be expected completely to overcome. However, neurodermatitis is frequently complicated and exacerbated by disturbances of the emotional and psychic structure of the patient, and these aggravating disturbances are often amenable to therapy.

The patient with neurodermatitis frequently exhibits one or more of the following traits:

1. A tendency toward excitability and an exaggerated capacity for response to stimuli, features which were pointed out in 1940 by Becker and Obermayer<sup>1</sup> and subsequently emphasized by many investigators.
2. The frequent presence of polyvalent dermal hypersensitivity. The threshold of such allergic responses is raised or lowered by the emotional tension of the patient.
3. A propensity to vascular disturbance, which may assume diverse forms. The abnormal state may be reflected in vascular spasms stemming from adrenergic impulses and clinically discernible as pallor, or it may be expressed by abnormal prolonged vasodilatation consequent to cholinergic impulses and resulting in an increase of all signs of cutaneous inflammation and a decrease in the threshold of pruritus. Experiments have shown that attacks of vascular disturbance in such patients may be precipitated by the upsurge of such emotions as fear, distress, self-pity and apprehension. It is easy to understand, then, why the patient with neurodermatitis has periodic exacerbations and recurrences of the disease, for such a patient is prone to undergo emotional upheavals which inexorably affect the state of his skin.
4. A personality somewhat obsessional in structure. As the author has stated before,<sup>3</sup> the patient with neurodermatitis is manifestly "high-strung" and tense. Exaggerated ambition is reflected in an

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energetic "high-pressure" approach, in the assumption of unnecessary burdens, and in an over-serious attitude toward responsibilities. Such a patient is proclived to activity, and he may be so persistent and exacting that one realizes his goal approaches perfection. His intelligence is often above average; in some instances his inner instability is masked by outward calm.

5. Frequent evidence of a deep-seated emotional conflict stemming from early childhood. Recent psychiatric studies<sup>2,4</sup> have shown that the patient often has suppressed hostility toward the mother, a profound belief that he is unloved and unlovable, and a fear of being close to or of being touched by anyone; he often derives satisfaction from his suffering. These are features which highly complicate sexual adjustment.

To one who has been made aware of the significance of these traits the necessity for psychotherapy is obvious. There are two kinds: a deep probing of the mind, which only the psychiatrist can carry out, and shallow psychotherapy, which any dermatologic physician who has the prime requirements of intelligent sympathy, understanding and patience can practice.

Deep psychotherapy, in the form of psychoanalysis, fulfills a double purpose in that it offers assistance to the patient who has a true psychoneurosis and affords a means of gaining further much-needed knowledge of the emotional conflicts associated with dermatosis. From the relatively small number of analyzed patients with neurodermatitis, much has been learned. In addition to the facts mentioned before, a hostile, destructive attitude toward the analysis was frequently uncovered. The presence of such hostility, whether open or veiled, must be especially heeded and understood by the dermatologic practitioner if he hopes to enlist the patient's full cooperation.

Psychoanalysis, even in its abbreviated and modified forms, remains at the present time, for economic reasons, the method for a privileged few. However, even if psychoanalysis were adapted to large-scale use in treating the dermatosis, it would have limited applicability, for lasting beneficial results have so far been obtained when the dermatosis first appeared after the patient had reached adulthood. When the disease has been present since childhood, response to deep psychotherapy has been poor. In other words, the earlier the constitutional diathesis appears and the more pronounced its manifestations, the less can be expected, therapeutically speaking.

Shallow psychotherapy, on the other hand, does not aim at unravelling the deep-seated emotional conflicts of the subconscious mind. It strives to provide the patient with an acceptable emotional outlet, through his "transference" to the physician, and to enlist his cooperation in bringing about a rational reorganization of his activities. The physician who is applying shallow psychotherapy must be willing to listen to the patient at all times without interrupting; one of the aims is to relieve the pa-

tient's anxiety about the feelings of hostility directed toward a mate or a parent, a goal which may be achieved by patiently explaining the phenomenon of "ambivalence," that is, the propensity to both love and hate another person at the same time. Distress can often be alleviated if it is pointed out that parents are not intrinsically sacrosanct beings and that one need not feel guilty about experiencing hostility toward them.

The patient who is depressed and discouraged about the illness must be freely offered reassurance and encouragement. Every patient must be helped to gain a perspective of his needs and interests, and he must be given sound, practical advice about restoring equilibrium to an often irrationally organized life. The physician can frequently help to eliminate causes of friction by interviewing marital partners or relatives in order to give them some understanding of the patient's problems and by suggesting alterations in living arrangements. The patient must be helped to outline a regime which will provide for adequate rest, including regular sleeping hours and, if possible, a daily nap, and a sensible balance between work and play. It is helpful to stress the value of restful vacations. In addition, mild sedation is frequently indicated, for it has been shown experimentally that barbiturates, like reassurance, persuasion and the gaining of insight, by exerting a remarkably depressive effect on the improperly controlled hypothalamic centers, can prevent overstimulation and consequent vasodilatation.

#### THREEFOLD EFFECTS OF PSYCHOTHERAPY

It has been the author's experience that if such psychotherapeutic measures are applied in addition to the generally accepted dermatologic methods of therapy the effects are threefold:

1. The initial sympathetic interview affords the patient a long needed emotional catharsis, which is followed almost immediately by symptomatic improvement.

2. This initial improvement, though often short-lived, makes it possible for the physician to enlist the patient's confidence so fully that he is enabled to accept advice and management to a far greater extent than his ordinarily hostile attitude would permit. The physician becomes a much needed "emotional crutch."

3. The patient loses his fear of the disease. He ceases hunting for the magic remedy and learns to live with the dermatosis. The insight which he has gained into his problems and his understanding of the cause and effect sequence in the disease help him to avoid the piling up of emotional tension which causes acute exacerbations.

These are the values and limitations of shallow psychotherapy as the author has been practicing it. This method, as one would expect, does not cure the disease, but since it restores a degree of functional stability to the patient his lot is immeasurably improved. The dermatologic physician who fails to

obtain comparably satisfactory results with the application of psychotherapy should critically examine the approach and technique he has used with his patients. A prodigious amount of patience, sympathy and tact must be expended during the therapeutic interviews of patients with neurodermatitis. The physician who is unable or unwilling to give them in full measure cannot expect to achieve a full measure of success.

## REFERENCES

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